



**PLEASE NOTE:
ONE PROPERTY
ADDRESS PER FORM**

**TOWN OF ARLINGTON
ASSESSORS' OFFICE**

NOTICE OF MAILING ADDRESS CHANGE

Date: _____

Property Address: _____ Condo Unit #: _____

Date Purchased (if new owner): _____

Prior Owner: _____

New Owner: _____

Dated Moved: _____

New Mailing (Street) Address: _____

City: _____ State: _____ Zip Code: _____

Requested by: _____

Telephone, for questions, if necessary: _____

Signature (owner or authorized agent): _____

This form is not acceptable without a signature, and the signature must be from an owner or an authorized agent. If you have any questions, please contact the Assessors' Office at 781-316-3050.

Please return completed form to: Assessors' Office
 Town of Arlington
 Robbins Memorial Town Hall
 730 Massachusetts Avenue
 Arlington, MA 02476

Or faxed to: (781) 316-3059

FOR ASSESSORS USE ONLY

Parcel ID: _____

Processed by: _____ Date: _____